RESOURCE AND PATIENT MANAGEMENT SYSTEM

Third Party Billing

(ABM)

Addendum to User Manual

Version 2.6 Patch 2
May 2010

Table of Contents

1.0   Summary of Changes

Patch 2 provides enhancements to version 2.6 of the Third Party Billing system (namespace: ABM). It is inclusive of modifications implemented by previous patch 1. The PCTM–Pre-Conversion Historical Fee Schedule option must be completed for Patch 2 to install.

1.1   Modifications

- Added point-of-sale (POS) rejection codes, reasons, and dates to the 3P Bill file.

- Pending reason code added to the claim editor – PHYSICIAN IDENTIFIED BY STANDING ORDER NURSE.

- Added new reasons to the Cancelled Claim option.

- Added a new prompt in the REPRINT BILL option. This option will allow the user to select either the current date or the original date the claim was printed when reprinting claims.

- Added option to Electronic Media Claims to allow an 837 file to be recreated for specific bills that have open balances. This option is locked with the following key: ABMZ ABME EMC RE-EXPORT.

- Added new prompts to the FIFE–Import Foreign Fee Schedule and the EDFE–Fee Schedule maintenance options.

2.0   Patch 2 Details

2.1   Added POS Rejection Codes to the 3P Bill File (3PB–MGTP–IQMG)

POS rejection codes, reasons, and dates have been added to the 3P Bill file. They can be viewed using the IQMG option.

```
                        *** BILL FILE INQUIRY ***


=========================================================================
BILL NUMBER: 31803A                      BILL TYPE: 131
  VISIT LOCATION: INDIAN HEALTH HOSPITAL
  BILL STATUS: BILLED                    PATIENT: JONES,CHIPPER
  EXPORT MODE: NCPDP-P                   VISIT TYPE: Pharmacy POS
  ACTIVE INSURER: D-AARP                 CLINIC: PHARMACY
  APPROVING OFFICIAL: LUJAN,ADRIAN M
  DATE/TIME APPROVED: FEB 16, 2010@12:08:12
  BILL AMOUNT: 63.98                     GROSS AMOUNT: 63.98
  A/R BILL LOCATION: 1575,7397           PRO AUTHORIZATION NUMBER: 12345
  SERVICE DATE FROM: FEB 03, 2010        SERVICE DATE TO: FEB 03, 2010
PCC VISIT: JAN 09, 2007@13:30            VISIT STATUS: P
INSURER: D-AARP                          PRIORITY: 1
  STATUS: INITIATED
MEDICATION: AMOXICILLIN 125MG/5ML        UNITS: 1
  UNIT COST: .6033125                    DISPENSE FEE: 3.65
  PRESCRIPTION: 90007
PROVIDER: DOCTOR,TRUDEL                   TYPE: ATTENDING
POS REJECTION CODE: AB                   POS REJECTION REASON: REASON 1
  REJECTION DATE: FEB 03, 2010
POS REJECTION CODE: A1                   POS REJECTION REASON: REASON 2
  REJECTION DATE: FEB 03, 2010
=========================================================================
```

Figure 2-1: Example of 3P Bill File in IQMG option

2.2   New Pending Reason Code Added to Claim Editor

A new pending reason code has been added to Page 0 of the Claim Editor: "Physician Identified by Standing Order Nurse." This reason will also print on the PCRP–Pending Claim Status Report.

```
Desired ACTION (View/Appr/Pend/Next/Jump/Quit): N// P
PENDING STATUS: ??


   Choose from:
   1          Claim not coded with ICD codes
   2          Claim not coded with CPT codes
   3          Claim not coded with HCPCS codes
```

```
   4            Provider signature missing
   5            Missing POV
   6            Lab not final or on file
   7            Verify Eligibility
   8            PIN# License Missing
   9            Cannot locate Medical Record to verify Services
  10            Record not legible
  11            Coordination of Benefits from Patient Missing
  12            Incomplete Policy Holder information
  13            Transcode missing
  14            Missing Referring Provider information
  15            Outpatient Claims - two billing dates
  16            Out of Date Assignment of Benefits
  17            Other
  18            Utilization review not complete
  19            Accounts Receivable fix for 2nd billing
  20            OP W/IN 72 HR AWAITING INCOMPLETE INPT CLAIM
  21            NPI license missing
  22            Miss/Invalid inpatient CPT code
  23            ER CPT, NON-ACUTE ADMIT,OUTPT BILLING
  24            Physician identified by standing order nurse
```

Figure 2-2: Example of Page 0 in Claim Editor

```
==============================================================================
PENDING CLAIMS STATUS LISTING                   FEB 23,2010@15:29:05   Page
1
for ALL BILLING SOURCES
Billing Location: INDIAN HOSP
==============================================================================
                        Claim   Visit
  Patient         HRN   Number  Date         Clinic        Reason
------------------------------------------------------------------------------
   Visit Location: INDIAN HEALTH HOSPITAL
      Status Updater: SMITH,CHERYL
    Visit Type: OUTPATIENT
         Active Insurer: MEDICARE

CAT,CALICO        1509   31820   02/20/2010   GENERAL       Physician
                                                            identified by
                                                            standing order to
                                                            nurse


     Status Updater: LUJAN,ADRIAN M
         Active Insurer: BCBS OF NEW MEXICO

MEGABUCKS,SYLVIA  1122   31624   08/10/2009   IMMUNIZATION
                                                            Other


     Status Updater: VALENCIA,TINA M
                     ------
             Subtotal:  2
    Visit Type: DENTAL
         Active Insurer: NEW MEXICO MEDICAID

CHAVEZ,VINCENT    1456   31695   10/22/2009   DENTAL        Physician
```

```
                                                        identified by
                                                        standing order to
                                                        nurse


                         ------
              Total:   3

E N D   O F   R E P O R T
```

Figure 2-3: Example of PCRP report

2.3 New Cancelled Claim Reasons Added to CLMG Option (3PB–MGTP–CLMG)

Four new reasons have been added to the Cancel Claim option. These new reasons will also print on the Cancelled Claims report.

```
Do you wish Claim Number 31780 DELETED (Y/N)? YES

Cancellation REASON: ??

   Choose from:
   1          ORPHAN CLAIM CREATED IN ERROR
   2          DUPLICATE CLAIM CREATED
   3          ELIGIBILITY NOT FOUND
   4          MANUALLY BILLED CLAIM
   5          BEYOND FILING LIMIT
   6          UNBILLABLE PROVIDER
   7          UNBILLABLE DIAGNOSIS
   8          UNBILLABLE CLINIC TYPE
   9          UNBILLABLE VISIT TYPE
   10         WORKMANS COMP/THIRD PARTY CASE
   11         OTHER
   12         RETURN TO STOCK
   13         OVER THE COUNTER MEDS
   14         LEFT WITHOUT BEING SEEN
   15         TELEPHONE CONSULT
   16         POS PLAN LIMITATION EXCEEDED
   17         POS REFILL TOO SOON
   18         UNBILLABLE PROFESSIONAL CLAIM (MEDICARE B)
   19         72 HOUR OUTPATIENT VISIT
   20         VISIT UNRELATED TO ACCIDENT/INJURY
   21         CLAIM CREATED FOR WRONG PATIENT
   22         PATERNITY ELIGIBLE
   23         WITHIN GLOBAL PERIOD
   24         INCORRECT CHARGES
   25         WRONG INSURER SELECTED
   26         WRONG DOS
   27         NO CONTRACT/AGREEMENT WITH PAYER
   28         TWO VISITS IN SAME DAY
   29         MEDICARE OR PI PRIMARY
   30         UNBILLABLE LOCATION
```

```
Example of new reasons in CLMG option


=========================================================================
CANCELLED CLAIMS LISTING for ALL BILLING SOURCESMAR 4,2010@16:06:45   Page 1
with CANCELLATION DATES from 02/01/2010 to 03/04/2010
Billing Location: INDIAN HOSP
=========================================================================
                      Active        Claim      Visit
  Patient          HRN  Insurer      Number     Date         Reason
-------------------------------------------------------------------------

Cancelling Official: SISNEROS,GINA
   Visit Location: INDIAN HEALTH HOSPITAL
       Visit Type: PROFESSIONAL COMPONENT
ROADS,DUSTY        885447 MONTANA MEDI  31780   01/27/2010  NO
CONTRACT/AGREEM
                        ------
              Count:  1

(REPORT COMPLETE):
```

Figure 2-4: Example of CCRP report.

2.4 New Prompt in Reprint Bill Option (3PB–PRTP–REPR)

An additional prompt has been added to the REPRINT BILL option. This option will allow the user to select the current date (Today's Date) or the date the claim was originally printed when reprinting claims.

```
        +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
        |            THIRD PARTY BILLING SYSTEM - VER 2.6p2        |
        +                     Reprint Bill                         +
        |                  INDIAN HEALTH HOSPITAL                  |
        +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
        User:                                    19-FEB-2010 1:56 PM

Re-Print Bills for:

    Select one of the following:

        1          SELECTIVE BILL(S)
        2          ALL BILLS FOR AN EXPORT BATCH
        3          UNPAID BILLS

Select Desired Option: 1  SELECTIVE BILL(S)


Select 1st BILL to Re-Print: 31810A
            Visit: 02-01-2010 DENTAL          DENTAL            INDIAN
HOSP
            Bill: BC/BS DENTAL OF OKLAHOMA      ADA-2006       145.00

```

```
Select 2nd BILL to Re-Print:

     Select one of the following:

          T         TODAY'S DATE
          O         ORIGINAL PRINT DATE

Reprint using which date: TODAY// ORIGINAL PRINT DATE
```

Figure 2-5: The Today's Date and Original Print Date options

2.5   Option Added for Recreating an 837 Export File (3PB–EMTP–REEX)

A new option has been added in 3PB. When recreating an 837 export file, the user can only recreate a file for specific bills that have open balances by export date. Therefore, the user can resend those with a balance. This option is locked with the following key: ABMZ ABME EMC RE-EXPORT.

```
+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p2          |
+                    Re-Export Bills                      +
|                  INDIAN HEALTH HOSPITAL                  |
+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
User: VALENCIA,TINA M                        9-MAR-2010 11:14 AM

Re-Print Bills for:

     Select one of the following:

        1            SELECTIVE BILL(S) (Type in the Bills to be included in
this
                      export.  Grouped by Insurer and Export Mode)
        2            FOR 277 - Response of not received for insurance company
                      (INACTIVE AT THIS TIME)
        3            UNPAID BILLS for an insurer - bill should not have posted
                      transactions and should be the original bill amount.

Select Desired Option: 1  SELECTIVE BILL(S) (Type in the Bills to be
included in this export.  Grouped by Insurer and Export Mode)


Select 1st BILL to Re-Print:    29221A
          Visit: 02-01-2006 DENTAL        DENTAL            INDIAN HOSP
          Bill: NEW MEXICO MEDICAID           837 INST (UB)    223.00
Select 2nd BILL to Re-Print: 29703H
          Visit: 08-01-2006 CROSSOVER (INPGENERAL           INDIAN HOSP
            Bill: NEW MEXICO MEDICAID          837 INST (UB)    500.00
Select 3rd BILL to Re-Print: 31468A
          Visit: 12-31-2008 OUTPATIENT    GENERAL           INDIAN HOSP
            Bill: NEW MEXICO MEDICAID          837 INST (UB)    253.00
Select 4th BILL to Re-Print:
```

```
A file will be created for the bills selected
Proceed? YES//
ENTRY CREATED IN 3P TX STATUS FILE.
LOCATION: INDIAN HOSP
29221A-IH-4225 Previously loaded .. deleting existing A/R Bill items

29221A-IH-4225 Now adding 3P Bill items to A/R Bill

29703H-IH-1072 Previously loaded .. deleting existing A/R Bill items

29703H-IH-1072 Now adding 3P Bill items to A/R Bill

31468A-IH-1456 Previously loaded .. deleting existing A/R Bill items

31468A-IH-1456 Now adding 3P Bill items to A/R Bill

Enter Path: c:\inetpub\ftproot\pub  Replace
Enter File Name: : ENMMAD01.68//
Submission # 100671
Writing bills to file.
Finished.
```

Figure 2-6: Creating a file for bills with an open balance

Users can view export dates, statuses, and group control numbers in the IQMG option (3PB–MGTP–IQMG), as shown in the example below.

```
PATIENT:  CHAVEZ,VINCENT    M  02/02/1970  566-66-6666  HRN: 1456
======================================================================
(1)  Bill# 31468A   12/31/2008  OUTPATIENT        GENERAL        INDIAN
HOSP
     837 INST (UB)   BILLED        NEW MEXICO MEDICAID
253.00
Select 1 to 1: 1
                      *** BILL FILE INQUIRY ***


======================================================================
BILL NUMBER: 31468A                    BILL TYPE: 131
  VISIT LOCATION: INDIAN HEALTH HOSPITAL
  BILL STATUS: BILLED                  PATIENT: CHAVEZ,VINCENT
  EXPORT MODE: 837 INST (UB)           VISIT TYPE: OUTPATIENT
  ACTIVE INSURER: NEW MEXICO MEDICAID  PROCEDURE CODING METHOD: ICD
  CLINIC: GENERAL                      APPROVING OFFICIAL: VALENCIA,TINA M
  DATE/TIME APPROVED: JUN 18, 2009@09:02:15
  EXPORT STATUS: AWAITING TRANSFER TO AR
  MASTER TAX ID#: 232101MCD            BILL AMOUNT: 253
  INSURER TYPE: MEDICAID               GROSS AMOUNT: 253
  *UNCOLLECTED BALANCE: 0              ORIGINAL BILL AMOUNT: 0
  FLAT RATE AMOUNT: 253
PAYMENT NUMBER: 1                       PAYMENT DATE: AUG 06, 2009
  AMOUNT: 253.00
  ADMISSION TYPE: 2                     ADMISSION SOURCE/NEWBORN CODE: 1
  DISCHARGE STATUS: 01                  ADMISSION DATE: DEC 31, 2008
  ADMISSION HOUR: 08                    DISCHARGE DATE: DEC 31, 2008
  DISCHARGE HOUR: 08                    SERVICE DATE FROM: DEC 31, 2008
```

```
   SERVICE DATE TO: DEC 31, 2008          COVERED DAYS: 1

Enter RETURN to continue or '^' to exit:
  RELEASE OF INFORMATION: YES            ASSIGNMENT OF BENEFITS: YES
  RELEASE OF INFORMATION DATE: JAN 01, 2008
  ASSIGNMENT OF BENEFITS DATE: JAN 01, 2008
  IN-HOUSE CLIA#: 12A3456789
  REFERENCE LAB CLIA#: THE REFERENCE LAB INC.
PCC VISIT: DEC 31, 2008@08:00           VISIT STATUS: P
INSURER: BCBS OF NEW MEXICO (FEP)       PRIORITY: 2
  STATUS: PENDING                       PRIVATE INSURANCE MULTIPLE: 1
COVERAGE TYPE: HIGH
INSURER: NEW MEXICO MEDICAID            PRIORITY: 1
  STATUS: INITIATED                     MEDICAID ELIG POINTER:
CHAVEZ,VINCENT
  MEDICAID MULTIPLE: 3080201
DIAGNOSIS: 536.8                        PRIORITY ORDER: 2
  PROVIDER'S NARRATIVE: STOMACH PAIN
MEDICAL (CPT): 99213                    UNITS: 1
  UNIT CHARGE: 200.00                   CORRESPONDING DIAGNOSIS: 1
  SERVICE FROM DATE/TIME: DEC 31, 2008  DATA SOURCE: 18|2509|CPT
LABORATORY (CPT CODE): 80050            REVENUE CODE: 300
  UNITS: 1                              UNIT CHARGE: 86.00
  SERVICE FROM DATE/TIME: DEC 31, 2008  CORRESPONDING DIAGNOSIS: 1
  DATA SOURCE: 18|2510|CPT

Enter RETURN to continue or '^' to exit:
PROVIDER: ALEXIS,ALEXANDRA              TYPE: ATTENDING
UFMS TRANSMISSION DATE: JUL 20, 2009@15:30:03
  UFMS INVOICE NUMBER: 2321012321018424
EXPORT NUMBER RE-EXPORT: MAR 09, 2010@11:15:14
  STATUS: REFILE                        GROUP CONTROL NUMBER: 100671
EXPORT NUMBER RE-EXPORT: MAR 09, 2010@11:20:11
  STATUS: REFILE                        GROUP CONTROL NUMBER: 100672
========================================================================

Select BILL or PATIENT:
```

Figure 2-7: Viewing export dates, statuses, and group control numbers in the IQMG option

2.6   Prompts Added to Foreign Fee Schedule Import (3PB–TMTP–FETM–FIFE)

> **Note**: Patch 1 PCTM–Pre-Conversion Historical Fee Schedule
> option must have been completed for Patch 2 to install.

Upon install you may be notified that some fee schedules are missing effective dates.

```
Checking Environment for IHS Third Party Billing V 2.6 Patch **1,2**.
Need at least ABM v 2.6.....ABM v 2.6 Present
ABM v2.6 Patch 1 installed.
Effective Date not populated for all fee schedules
The fee schedule effective dates and owner will need to be populated in VA
Fileman.
```

Figure 2-8: Notification of missing dates

```
            VA FileMan Version 22.0

            Enter or Edit File Entries
            Print File Entries
            Search File Entries
            Modify File Attributes
            Inquire to File Entries
            Utility Functions ...
            Data Dictionary Utilities ...
            Transfer Entries
            Other Options ...

Select VA FileMan Option: ENTER or Edit File Entries


INPUT TO WHAT FILE: 3P FEE TABLE            (20 entries)
EDIT WHICH FIELD: ALL//


Select 3P FEE TABLE SCHEDULE NUMBER: ??

   Choose from:
   1       IHS 1995 STANDARD FEE SCHEDULE
   2       MEDICARE O/P SURGERY
   3       NM MEDICARE 2001 FEE SCHEDULE
   4       2002 RBRVS FEE SCHEDULE
   5       2003 FEE SCHEDULE (3/26/03)
   6       2004 FEE SCHEDULE (9/10/03)
   7       MEDICAID DENTAL FEE SCHEDULE
   8       MEDICAID FLAT RATE
   9       2005 FEE TABLE (2/17/05)
   10       2010
   '^' TO STOP:

        You may enter a new 3P FEE TABLE, if you wish

Select 3P FEE TABLE SCHEDULE NUMBER: 10       2010
SCHEDULE NUMBER: 10//
TITLE: 2010//
ADJUSTMENT FACTOR:
OWNER (facility): INDIAN HEALTH HOSPITAL//
FEE TABLE EFFECTIVE DATE: JAN 1,2010//
```

Figure 2-9: "Fee Table Effective Date" prompt

New prompts have been added to the Import Foreign Fee Schedule option. This includes an effective date, percentile to load, and record type values. By changing the effective date, the sites will be able to update the fee schedule without overriding the existing data.

In addition, Current Procedural Terminology (CPT) codes may also display when loading a new fee schedule. The CPT code will only display for codes that don't exist in the CPT file and therefore didn't load in the fee table. Duplicate CPT codes will display if the fee schedule includes different record types (global, technical, or professional). The CPT codes that don't load will only display for users who are in programmer mode.

The fee schedule file should give you a description of the layout of the file in order to determine what piece of the record contains the CPT code, price, record type, etc. The layout below lists each different piece of the record. In this case, the Mod field would also be the same as the record type listed in Column 3 while the price used in the fee schedule update below is listed in Column 5.

Field	Length	Description
Code Type	1	C = CPT Code
		A = HCPCS Dental Code
Proc	5	2010 CPT Code
Mod	3	Modifier
		G – Global service
		TC – Technical Component
		26 – Professional Comp.
50th	5	Area 50th percentile
75th	5	Area 75th percentile

```
        +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
        |           THIRD PARTY BILLING SYSTEM - VER 2.6p2          |
        +               Import Foreign Fee Schedule                +
        |                   INDIAN HEALTH CENTER                    |
        +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
        User: RENDER,SHONDA                       16-FEB-2010 12:17 PM


FEE SCHEDULE UPDATE FROM FOREIGN FILE


NOTE: It is advisable to do a global save of global ^ABMDFEE prior to
running this procedure.


Continue? NO// YES
Enter Fee Schedule to Update: 1// 10       SHONDA'S TEST
What is the effective date? :  TODAY// 1/1/10
What percentile are you loading? :  (0-200): 75


FOREIGN HOST FILE DESCRIPTION


What is the host file record delimiter? ,//
Which piece of the host file record contains the cpt code? 1// 2
```

```
Which piece of the host file record contains the price? 2// 5

Some providers of fee schedules (Medicode for example) break out
the professional and technical portions into separate records.
The next section will determine how to identify the different
record types.

This section will load the different record types
(global/technical/professional)
```
What column is the record type located in: 3//
Indicate value that identifies GLOBAL charge : G//
Indicate value that identifies TECHNICAL charge : TC//
Indicate value that identifies PROFESSIONAL charge : 26//
```

OPEN AND READ FOREIGN FILE

DEVICE: HOST FILE SERVER//   HFS  LOCAL
HOST FILE NAME: c:\tmp\tmp.hfs//c:\rpms\shonda.csv  ADDRESS/PARAMETERS:
"RS"//

10022.................................................................
.....................................................................
36521.........................................................
44209.................................................................
..........................
58551.................................................................
.....................................................................
86683
86683
86683...............................................
87198
87198
87198
87199
87199
87199.................................................................
.....................................................................
99508
99539..

Records updated by category
   5106   SURGICAL
     26 14
     G  5078
     TC 14
   1972   RADIOLOGY
     26 649
     G  674
     TC 649
   3380   LABORATORY
     26 1110
     G  1160
     TC 1110
   1421   MEDICAL
     26 248
     G  925
```

```
     TC 248
Enter RETURN to continue or '^' to exit:
```

Figure 2-10: Fee schedule file

2.7 Prompt Added to Fee Schedule Maintenance (3PB–TMTP–FETM–EDFE)

A new prompt to select the effective date has been added to the Fee Schedule Maintenance option. You can view or edit a CPT code by selecting the effective date. You can also add a new effective date for a code. To view the effective dates, type two question marks (**??**) at the "Select EFFECTIVE DATE" prompt. The charge displayed will also include the different record types.

```
           +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
           |          THIRD PARTY BILLING SYSTEM - VER 2.6p2         |
           +               Fee Schedule Maintenance                 +
           |                 INDIAN HEALTH HOSPITAL                  |
           +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
           User: SMITH,CHERYL                      18-FEB-2010 10:29 AM

Select FEE SCHEDULE: 1// 33      MEDICARE 2010 (021610)

----- FEE SCHEDULE CATEGORIES -----


     Select one of the following:

          1          MEDICAL FEES
          2          SURGICAL FEES
          3          RADIOLOGY FEES
          4          LABORATORY FEES
          5          ANESTHESIA FEES
          6          DENTAL FEES
          7          REVENUE CODE
          8          HCPCS FEES
          9          DRUG FEES
          10         CHARGE MASTER

Select Desired CATEGORY: 1  MEDICAL FEES



Select MEDICAL (CPT CODE): 99213    OFFICE/OUTPATIENT VISIT, EST
       Office or other outpatient visit for the evaluation and management of
an established patient, which requires at least 2 of these 3 key components:
         ...OK? Yes//   (Yes)
     - OFFICE/OUTPATIENT VISIT, EST                                43.65
Select EFFECTIVE DATE: ??

   Choose from:
   JAN 01, 2009
   JAN 01, 2010
```

```
        You may enter a new EFFECTIVE DATE, if you wish

Select EFFECTIVE DATE: 01012010   JAN 01, 2010

GLOBAL CHARGE: 43.65//
TECHNICAL CHARGE: 0//
PROFESSIONAL CHARGE: 0//
```

Figure 2-11: Viewing a CPT code

3.0   Contact Information

If you have any questions or comments regarding this distribution, please contact the Office of Information Technology User Support (Indian Health Service) by:

Phone: (505) 248-4371 or (888) 830-7280

Fax: (505) 248-4363

Web: http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm

Email: support@ihs.gov